



Columbus Civil Service Commission
50 West Gay Street, Room 600
Columbus, Ohio 43215

Background Review Form

Please provide the following information so that a review of your criminal and traffic records (if any) can be completed by the City of Columbus. As part of the background review process, images of your fingerprints will be collected and electronically sent to the Bureau of Criminal Identification & Investigation (BCI&I) for review.

Department: _____ Division: _____

Classification Title: _____

Candidate Data

Date: _____ Social Security Number: _____

Name: _____
(Last) (First) (Maiden)

Birthdate: _____
(Month/Day/Year)

Please list any other name(s) you have used:

Have you ever pled guilty to or been found guilty of any felony or misdemeanor? ☐ Yes ☐ No

If "Yes," please list below:

Charge	Date of plea or conviction	City/State
Charge	Date of plea or conviction	City/State
Charge	Date of plea or conviction	<div></div>
Charge	Date of plea or conviction	City/State

If necessary, please continue on the reverse side.

With my signature below, I hereby: 1.) authorize the City of Columbus to conduct a review of my background history, and 2.) certify that, to the best of my knowledge and belief, all statements made herein are complete and accurate. I understand that any false statements later disclosed will cause loss of my right to examination, certification, appointment, or retention of position and may subject me to prosecution under the Ohio Revised Code, Section 2921.13.

Candidate Signature: _____ Date: _____